

CONFIDENTIAL

HEALTH MAINTENANCE ORGANIZATION SUPPLEMENT
 For Year Ending December 31, 2007
 Due March 1, 2008

Section 38-33-110 of the South Carolina Code of Laws

Name of Organization: _____

Address: _____
 (City, State and Zip Code)

SUMMARY OF COMPLAINTS

(1) Status Of Complainants

Enrollees # _____

Third party # _____

Other (Explain) _____

(2) Complaints Against

HMO # _____

Doctor # _____

Hospital # _____

Other providers # _____

(3) Reason for Complaints

Unsatisfied settlement # _____

Denial of claim # _____

Settlement delay # _____

Coverage cancellation # _____

Premium and/or rating # _____

Misrepresentation # _____

Underwriting delays # _____

Inappropriate treatment # _____

Referral problems # _____

Other - Give # _____
 and explain below:

(4) Disposition of Complaint-Relief

Additional monies received # _____

Claim reopened # _____

Claim settled # _____

Coverage restored # _____

Rate/Premium resolved # _____

Further treatment # _____

Disposition of Complaint-No Relief

Dispute as to need for
 treatment # _____

Contract provisions # _____

Coverage not in force # _____
 Other - Give # _____
 and explain below:

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(5) Time Taken to Resolve Complaints

Average time in days _____

(6) Malpractice Claims

Enrollees # _____

Doctor involved # _____

Hospital involved # _____

Clinic involved # _____

Medical technicians # _____

Amount of claims \$ _____

Disposition of Claims:

Paid in-full # _____

Court settlement # _____

Compromise settlement # _____

Denied # _____

Other - Give # _____

and Explain Below:

Name and Title of Person Completing Form

Telephone Number

Please send to and direct questions to:
June DuBard
Market Analysis Coordinator
Market Analysis Section
South Carolina Department of Insurance
P.O. Box 100105
Columbia, SC 29202-3105
803-737-6081
jdubard@doi.sc.gov